I. VENA & NUTRITION EDUCATION

This section contains the following topics.

I.1. VENA

Policy: VENA - Value Enhanced Nutrition Assessment

VENA provides information and guidance to enable WIC staff to perform a quality WIC nutrition and breastfeeding assessment that screens for all nutrition risk criteria (anthropometric, biochemical, and dietary) as well as other health indicators (clinical/health/medical and predisposing risks). The collection of comprehensive, relevant nutrition assessment information is necessary to deliver meaningful nutrition services to WIC participants. When conducting a nutrition assessment, the CPA must identify and assign all NRFs for which an applicant qualifies. Based on NRFs assigned, the participant will be placed at the highest possible priority. Nutrition services should be based upon participant's highest priority needs and their interests/requests. Intervention and education are not required on all identified nutrition risk factors in one clinic visit.

Procedure

I. The process of a quality WIC nutrition assessment includes:

   a. Collecting accurate and essential information

   b. Applying communication skills to foster openness and rapport with the participant

   c. Organizing, synthesizing and evaluating the collected information

   d. Drawing appropriate conclusions and relationships from the information collected

   e. Identifying solutions, prioritizing the issues discovered, developing a plan of care

   f. Documenting the information and conclusions concisely and accurately

   g. Referring to other needed resources

   h. Closing the loop – providing follow-up as necessary

II. Refer to the VENA Training Module, the USDA VENA Regulation and the Nutrition Risk Manual for details of conducting a nutrition assessment. The VENA Templates of relevant WIC Nutrition Assessment Information and the Health Outcome Based Models depicted in the VENA Module(s) must be used for conducting a quality nutrition assessment.

Policy: VENA- Collecting Accurate and Essential Information/Data

These procedures will be followed when collecting anthropometric and laboratory data. For detailed procedures on collecting these data, please refer to the current anthropometric and laboratory modules.

Procedure
Required lab screening data at certification

Category and Age	Required Data	Required Charting
Infant < 7 months	• OFC • Weight • Recumbent length	Birth to 36 month growth chart • OFC for age • Length for age • Weight for age • Weight for length
Infant 7-9 months	• OFC • Weight • Recumbent length	Birth to 36 month growth chart • OFC for age • Length for age • Weight for age • Weight for length
Infant 9 months - up to 12 months	• OFC • Weight • Recumbent length • Hematological test at a follow up or using referral data between 9 and 12 months of age	Birth to 36 month growth chart • OFC for age • Length for age • Weight for age • Weight for length
Child 12-23.9 months	• Weight • Recumbent length • Hematological test	Birth to 36 month growth chart • Length for age • Weight for age • Weight for length
Child ≥ 24 months	• Weight • Standing height • Hematological test	2-5 year growth chart • Height for age • Weight for age • BMI for age
Pregnant Woman	• Prepregnant weight • Current weight • Height • Hematological test	Prenatal Weight Gain Grid • Prepregnancy BMI • Current weight • Bimonthly weight gain

Breastfeeding and Postpartum Woman	• Prepregnant weight • Total weight gain • Current weight • Height • Hematological test	

Policy: Referral data

Height and weight data obtained within the past 60 days can be used. Staff must document the source of the medical data in the participant's WIC file, if collected outside of the WIC clinic. Data collected for women must be reflective of their category (i.e. collected during pregnancy for a pregnant woman).

Policy: Routine maintenance of scales and measuring boards

The following procedures must be followed for each piece of laboratory equipment.

Procedure

I. Perform **daily maintenance of scales** as follows:

a. Scales should be placed on a hard, non-carpet surface. If the area is carpeted, place the scale on a piece of plywood or a standing base.

b. Check that the scales balance at zero, daily, and after weighing every participant, by moving the ounce and pound weights to zero until the arm rests in the center. Check digital scales between measurements to ensure zero reading. If scales do not balance at zero, notify supervisor for scale to be serviced.

c. Clean scales every day they are in use. Check for wear and broken or faulty parts.

d. Record cleaning, repair and replacement on the maintenance sheet for each scale.

II. Perform **yearly maintenance of scales** as follows:

a. Have scales inspected yearly by the Utah Department of Agriculture, Weights and Measures, Market Licensing Division (801) 538-7159.

b. If scales pass inspection, you will receive a Utah Department of Agriculture Seal that will be dated and placed directly on your scale.

c. If scales do not pass inspection, the inspector must complete a "Small and Medium Scale Inspection Report." Make a copy and place it on the wall above the scales. Make other arrangements for weighing while scales are being serviced.

d. Contact the State agency, advising them of the problems with your scales. Avoid using the scales until the State agency responds regarding the need for repair, and approval or disapproval to use the equipment.

III. Perform **daily maintenance of measuring boards** as follows:

a. Clean measuring boards with disinfectant each day they are in use.

b. Check for wear and broken or faulty parts.

IV. Perform **yearly maintenance of measuring boards** as follows:

a. Check all boards for accuracy by:
   i. Using a metal measuring tape;
   ii. Checking for slippage on wall mounted boards; and
   iii. Checking the right angle on head and foot boards.

b. Record cleaning, repair and replacement on the maintenance sheet for each measuring board.

Policy: Blood work

For pregnant, breastfeeding, and postpartum women, and child participants, the hematological test for anemia shall be performed or obtained from referral sources at the time of certification or within 90 days of the date of certification. The hematological test for anemia may be deferred for up to 90 days from the time of certification for applicants who have at least one qualifying nutritional risk factor present at the certification. If no qualifying risk factor is identified, a hematological test for anemia must be performed or obtained from referral sources (with the exception of presumptively eligible pregnant women). Referral data must be reflective of the participant's category (Federal Regulation 246.7 pg 363).

Procedure

I. Blood tests should not be taken routinely for infants less than 12 months of age.

a. If an infant is first certified on the Utah WIC Program under 9 months of age, a hematological test is not required.

b. If an infant is first certified on the Utah WIC Program at 9 months of age or older, and since the next certification is not due until 6 months after the initial one, it is appropriate to obtain blood work from referral sources or at a subsequent follow up appointment near the child's first birthday (Federal Regulation 246.7, pg 363).

II. Children who are 2 – 5 years of age must have a hematological screening at least once every 12 months. For those children with a low hematological test result at their last certification, a hematological test is required at 6 months intervals. If a child has been diagnosed with sickle cell anemia, the local agency must request a doctor's note documenting the diagnosis and that the child's blood iron level will test below normal, thus a subsequent 6 month follow up hematological test is medically unnecessary. The doctor's note needs to include the medical diagnosis, the most current hemoglobin value and notation that the child is being monitored on a regular basis. This documentation must be provided at each certification.

III. Puncture sites for the blood draw to determine hemoglobin value need to be consistent with current procedures and recommendations. (Example of resource: "Procedures and Devices for the Collection of Diagnostic Capillary Blood Specimens; Approved Standard – Sixth Edition", Vol. 28, No. 25 by the Clinical And Laboratory Standards Institute, 2008).

IV. All pregnant women must have their hematological test at their initial certification visit.

a. For breastfeeding and postpartum women, the hematological test must be performed after the termination of their pregnancy.

b. For breastfeeding women who are 6-12 months postpartum, no additional hematological test screenings are necessary if a test was performed after the termination of their pregnancy.

Procedure: Timeframes to collect blood work data

Women			Infants		Children	
P	**B**	**N**	**< 9 mos**	**9-11 mos**	**1-2 years**	**2-5 years**
At prenatal certification	At postpartum certification visit	At postpartum certification visit	No blood work required	Blood work obtained from referral sources or at subsequent follow up near the Child's first birthday	At each certification visit**	Once every 12 months**

If	Then
Not anemic	Follow the above schedule
Anemic	Hematological test every 6 months until anemia is resolved (except pregnant women, who will be retested at their postpartum visit).
Severe anemia	Follow as High Risk

**A child screened at 18 months whose results were within the normal range would not require another blood test until 30 months of age.

Policy: Exceptions for collecting blood

The only circumstances which would preclude drawing blood are (1) if an applicant's religious belief won't allow him/her to have blood drawn, or (2) if an applicant has a documented medical condition (e.g. hemophilia, fragile bones (osteogenesis imperfecta), or a serious skin disease), in which the procedure of collecting blood could cause harm to the applicant. Applicants who have leukemia or thalassemia are also exempt from the blood collection with medical documentation. (See section II of bloodwork policy above for sickle cell anemia exception.)

Procedure

I. In the case of one of the above medical conditions, local agencies should make every effort to obtain referral data from the applicant's health care provider. However, in accordance with USDA policy, the applicant cannot be required to obtain such data at their own expense.

II. If an applicant refuses having blood drawn for the hematological test and reasons are not included in the above circumstances, take the following steps:

a. Explain the risks of iron-deficiency anemia and the importance for screening, i.e., low energy, irritability and compromised learning ability. Then, if the applicant **still** does not consent to the screening,

i. Suggest referral data from the primary care provider. Offer assistance to the client to help obtain this information from the primary care provider **Or**,

ii. The hematological test for anemia may be deferred for up to 90 days from the date of certification for pregnant, breastfeeding, postpartum women, and child applicants who have at least one qualifying risk factor present at the time of certification.

iii. Infants between nine and twelve months of age must have a hematological test performed or the data must be obtained from referral sources between 9 and 12 months of age. (Federal Regulation 246.7 pg 363).

b. If a client continues to refuse a hematological test for anemia at the clinic or refuses to obtain this information from the primary care provider for either herself or her infant/child, please contact the State agency.

Policy: Routine maintenance of HemoCues

Always follow the manufacturer's directions when cleaning and maintaining blood work machines.

Procedure: HemoCues

I. Perform **daily maintenance of HemoCues** as follows:

a. Clean HemoCues every day they are in use. Follow the manufacturer's directions.

b. Record cleaning on maintenance sheet for each separate HemoCue machine.

c. If necessary and depending on the type of equipment, follow the manufacturer's instructions for calibration.

II. Perform **annual maintenance of HemoCues** as follows:

a. All records of cleaning, repair and replacement should be recorded on the maintenance sheet for each HemoCue machine.

Policy: Laboratory safety

WIC clinics should follow the local agency or health department policy on handling body fluids.

The Utah State Department of Health's recommendation is to follow the Centers for Disease Control and Prevention's (CDC's) "Universal Precautions for the Prevention of Transmission of H.I.V., Hepatitis B Virus, and other Bloodborne Pathogens in Health Care Settings" published in the Morbidity and Mortality Weekly Report, June 24, 1988. A copy of this report, which is available from the Utah Department of Health Bureau of Epidemiology, is included as an appendix to the Biochemical Assessment Training Module.

All WIC clinics must have a Clinical Laboratory Improvement Amendment (CLIA) waiver on file or meet the National Committee for Clinical Laboratory Standards requirements. For information on obtaining a CLIA waiver contact:

Health Care Financing Administration
Attention: CLIA Laboratory Inquiry
PO Box 26687
Baltimore, MD 21207-0487

Policy: VENA- Information Collection in an Organized and Consistent Manner

Procedure: Midcertification Health Assessment

Infants enrolled in WIC when < 5 months of age will have a midcert health assessment between 5-8 months.

I. The health assessment will consist of:

a. height, weight and OFC recorded and assessed

b. explanation of growth pattern

c. nutrition recommendations

d. information on dental health and fluoride

e. assessment of developmental readiness for various solid foods

f. support and continued encouragement of breastfeeding

II. The infant schedule for the first year is as follows:

Age at certification	Age at midcert appointment	Age at next certification
Birth – 2 months	5-6 months	12 months & 18 months
3-4 months	7-8 months	12 months & 18 months
5-6 months	None	12 months &18 months
7-8 months	None	13 - 14 months
9-11 months	None	Certify 6 months later

Infants < 6 months of age are certified for the duration of their first year up to the day of their first birthday. Infants over 6 months of age will be certified at 6 month intervals.

III. Infants must receive nutrition education at each clinic visit appropriate for age and nutrition risk factor.

IV. Conditions of high risk occurring at midcert should be indicated in the computer system and managed according to the high risk policy.

I.2. Program Goals

Policy: Program Goals

The nutrition education component of the WIC Program is based on the following goals:

I. Emphasizing the relationship of sound nutrition to the total concept of good health and maintaining a healthy body weight, including regular physical activity.

II. Special emphasis on the nutritional needs of pregnant, postpartum and breastfeeding women, infants, and children under the age of 5.

III. Assisting participants in making positive changes in food habits to improve nutritional status and prevent nutrition related problems through the use of supplemental and other nutritious foods.

I.3. Nutrition Education

Policy: Nutrition Education

Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.

Procedure

I. Emphasize participation in nutrition education and its long term health benefits at each certification.

II. Teach the relationship between diet and good health, including the benefits of eating from a variety of foods in addition to those provided by WIC.

III. Provide and document nutrition education or follow-up based on food benefit issuance schedule and participant needs. All participants shall have at least two nutrition education contacts made available to them during each certification period. (For infants certified for >6 months, nutrition education must be provided at least quarterly.) The first contact is usually individual nutrition education given during the certification process. The subsequent nutrition education contacts include either individual or group nutrition education, depending on the participant's needs and risk status.

IV. Nutrition education contacts must be scheduled and documented in the computer (see "Core Contact and General Education" of this section for further information).

V. Nutrition education will be provided to meet the special education needs of the homeless. Each local agency will determine how to provide nutrition education to these individuals based on the VENA process and their clinic setting.

VI. The CPA and participant develop a plan based on participant's category, level of nutrition risk (low or high,) nutrition education needs and goals. Classes must be assigned by the CPA. The goal setting process will be implemented at every certification visit and tailored to the needs of the individual or family. Participants will receive goal related information to take home with them. The results of the goal setting process will be documented in the computer. If the participant declines goal setting, document this in the computer. This documentation may include:

a. The goal

b. Notation of participant's inability to set goal (if applicable)

c. Goal setting in progress

d. Time Frame

e. Follow up action and/or steps

VII. Nutrition education content considers the participant's nutritional needs/interests, household situation, religious and cultural values, language spoken and literacy level. It is recommended that the literacy level of the nutrition education materials should be no higher than the 6th-8th grade reading level. Since many of our WIC participants have limited literacy, the 4th-5th grade reading level is more ideal for our reading materials.

VIII. Provide nutrition education that is appropriate to the individual's specific status and nutrition risk factors. See Nutrition Risk Manual for complete listing of nutrition risk factors.

a. If more than one member of the family is enrolled in WIC, prioritize nutrition education using critical thinking skills, professional judgment and the participants expressed needs and concerns.

IX. Effective WIC nutrition intervention/education should incorporate the following six elements.

a. a review of the WIC nutrition assessment to identify the participant's nutrition risks, needs and concerns;
b. messages and interventions that engage and empower the participant in setting individual, simple and attainable goals and provides "how to" support to assist the participant in accomplishing her goals;
c. counseling methods/teaching strategies that are relevant to the participant's nutritional risks and are easily understood by the participant;
d. a delivery medium that creates opportunities for participant interaction and feedback;
e. continuous support through informational/environmental reinforcements;

f. follow up to assess for behavior change and determine intervention effectiveness.

X. The elements of effective nutrition intervention/education can be incorporated through a variety of electronic delivery mediums, such as the Internet, computer software, kiosk and modules by including components that:

a. direct the participant to appropriate topics based on the nutrition assessment;

b. provide interaction, such as use of scenarios or quizzes;

c. allow the participant to set goals;

d. provide specific examples on how to attain goals;

e. provide “take-home” tips and printable reinforcements;

f. provide a method for follow up via a face-to-face meeting, or through email or by telephone, to provide support and allow for the participant to ask questions.

XI. All high risk participants must have a High Risk Care Plan documented at the time of certification by a CPA or Registered Dietitian.

XII. Videos may be used in conjunction with a class, but may not substitute as a class.

XIII. Education requirements for reluctant attendees may be met by:

a. reassessing the scheduled education, i.e. - does it meet the participant’s need?

b. rescheduling to meet the participant’s needs;

c. offering a self-paced lesson

d. individualizing nutrition contacts, or by;

e. issuing one month’s checks, scheduling the following month for nutrition education.

XIV. If a participant is late for a class or if the appropriate class for the participant category is not offered, a nutrition education module may be used to fulfill the nutrition education requirement.

XV. Participants may not be denied supplemental foods for failure to attend or participate in nutrition education activities.

I.4. Food Instrument Pickup

Policy: FI Pickup

A Food Instrument (FI) pickup is an appointment used to issue checks only. It cannot be used in place of nutrition education contacts; it can be used in between routine nutrition education contacts. A FI pickup cannot be scheduled in lieu of a class, a high risk contact or due to a missed appointment. The participant should be scheduled for an alternate class or an individual contact with a CPA.

I.5. Core Contact

Policy: Core Contact

Core contact information must be presented verbally to all WIC participants and endorsers at the initial certification. Core contact includes an explanation of:

I. WIC as a supplemental food program and how to use food instruments and cash value vouchers

II. The nutritional value of the specific supplemental foods per category

III. The importance of health care

IV. Importance of supplemental foods being consumed by the participant

V. VENA based WIC Program explanation including the following:

a. The purpose of the WIC Program is to provide nutritional support, i.e., education and strategies for a healthy diet, supplemental foods, referrals and breastfeeding promotion and support, during critical times of growth and development, to improve health and achieve positive health outcomes.
b. The nutrition assessment process is necessary to identify nutrition needs (e.g., medical conditions, dietary practices) and interests so WIC can provide benefits that are responsive to the participant's wants and needs.
c. The relationship between WIC staff and the participant is a partnership – with an open dialogue and two-way communication – working to achieve positive health outcomes.
d. WIC food benefits are prescribed for the individual, to promote and support the nutritional well being of the participant and to help meet the recommended intake of important nutrients or foods.
e. The food provided by the Program is supplemental, i.e., it is not intended to provide all of the participant's daily food requirements.
f. Each participant must reapply at the end of the certification period and be reassessed for Program eligibility.
g. The nature of the WIC priority system and the priority designation for the individual must be explained, if the local agency is not serving all priorities.
h. If participants miss their scheduled appointment and reschedule later in the month with 20 or 10 days remaining, the amount of supplemental foods provided will be 2/3 and 1/3 the full month amount, respectively.

VI. The core contact information may be covered:

a. Exclusively in the certification, or;

b. Incorporated into individual contacts.

I.6. General Education

Policy: General Education

Appropriate general education items relevant to the nutrition risk factors assigned and an explanation of how to use the WIC food instruments must be presented to all WIC participants at each certification visit. Refer to the Nutrition Risk Manual for additional details. If the participant refuses to attend or does not attend, documentation should indicate attempts to reschedule for another class or schedule individualized counseling.

I.7. Teaching Nutrition Education

Policy: Teaching Nutrition Education

Teachers include qualified CPAs and CAs, who have met the following guidelines.

Procedure

I. CPAs may teach when:

a. The Nutrition Preceptor, the local clinic Registered Dietitian or a State agency Registered Dietitian evaluates them once a year.

b. Documentation of this evaluation is completed on the "Teacher Evaluation" form and must be kept on file.

II. CAs may teach when:

a. They have completed all appropriate modules:
   i. Laboratory;
   ii. Anthropometric;
   iii. Basic Nutrition;

b. Training for a new class has been completed by the RD. The classes for which the CA is approved are documented in the employee file.

c. They have been observed and evaluated by an RD the first time each new class is taught, with documentation completed on the "Teacher's Evaluation" form, which is kept on file.

d. The Nutrition Preceptor, the local clinic Registered Dietitian or a State Agency Registered Dietitian evaluates them at least once each year**.**

I.8. High Risk Contacts

Policy: High Risk Contacts

A high risk participant is defined as a participant who has been assigned any risk factor designated as "high risk".

I. Each high risk participant must have:

   a. A High Risk Care Plan (HRCP) documented in the participant's chart or computer at the time of certification by a CPA or RD;

   b. An individualized assessment by a Registered Dietitian (RD must complete A/P note).

   c. The RD must be responsible for documenting the overall management and coordination of care plans for high risk participants.

   d. Registered Dietitians who have successfully completed their 6 month probation in the WIC clinics of the Utah WIC Program may change the status of a high risk designation for a particular risk factor by indicating resolved, not resolved, monitoring or needs follow-up. The reason for changing the status of a high risk designation must be documented in the chart or the computer.

II. Each agency must have a consistent method for documenting high risk care plans.

Policy: Components of the High Risk Care Plan

If using the SOAP care plan format, all care plans must include the "**A**ssessment" and the "**P**lan" components of the **SOAP** format which is defined as the following.

I. **S**ubjective data is the information the participant reports. It includes the perception of risk, reported information on the medical/diet history, formula history and/or reported symptoms.

II. **O**bjective data includes laboratory data and other measurable data such as, age, LMP, number of pregnancies, etc.

III. **A**ssessment is the CPA's evaluation of the participant's nutrition risk.

IV. **P**lan includes:

   a. Brief summary of the nutrition services provided/needed;

b. Goals set to resolve the concern/risk;

c. Any referrals made;

d. Data that needs to be assessed at the second contact (i.e. ht., wt., hct., formula tolerance, follow through on referrals, etc.)

V. Other care plan formats that may be used, upon the discretion of the CPA, include PIE, DAR, Narrative and CBE. Contact the State Nutrition Coordinator for the protocols of each of these care plan formats.

I.9. Phone Contacts

Policy: Phone Contacts

In emergency situations only, phone contacts or telehealth may be substituted for an individual assessment by a Registered Dietitian (RD) or lactation educator (CLC, CLE, LE) when:

I. The dietitian or lactation educator cannot be scheduled to meet individually with the participant within the required time frame **AND**;

II. The exchange of information required during the follow-up appointment is minimal, can be obtained over the phone, and a physical assessment (i.e., height, weight, hemoglobin/hematocrit, observation of breastfeeding, etc.) is not required **AND**;

III. The participant has a permanent phone number where she can be reached easily and she agrees to participate in a phone counseling session.

IV. All phone contacts must be documented in the computer comment screen.

V. Phone contacts can not be substituted for certification visits.

VI. The Registered Dietitian is still responsible for the overall management of nutrition care for high risk participants.

I.10. Nutrition Preceptor

Policy: Nutrition Preceptor

The local agency Nutrition Preceptor must be a Registered Dietitian or a CPA1, preferably with a Bachelor's Degree in Nutrition and one year WIC teaching experience, designated by each agency. This preceptor will coordinate the agency's nutrition class outlines and approve nutrition education materials. The Nutrition Preceptor will complete all necessary training modules which will be kept on file in the local agency. The local agency preceptor will submit new materials (produced locally) to the State for review and comment.

Procedure

I. The local agency Nutrition Preceptor's responsibilities include:

a. Reviewing and approving nutrition education materials such as class outlines, videos, pamphlets and books, etc. for current, accurate, and relevant nutritional content; readability, literacy level and grammatical accuracy (See "Nutrition Education Materials" in this section for more details).

b. Assuring that all class outlines are complete (see "Nutrition Class Outlines" in this section for required elements).

c. Submitting all locally-developed or modified nutrition classes and materials to the State Nutrition Coordinator at least 2 weeks prior to implementation for review and comment.

d. Coordinating the nutrition education schedule with the Local Agency Administrator when writing the Nutrition Education Plan.

e. Reviewing the class evaluations for each clinic site to determine class effectiveness and/or need for modification.

f. Coordinate completion of all applicable training modules by local staff.

I.11. Nutrition Education Materials

Policy: Nutrition Education Materials

Education materials are available through the State office for all categories of participants. These include lesson plans, pamphlets, books and videos. The State office serves as a clearinghouse for nutrition education materials. All classes and materials developed/revised by a local agency or created by another entity than the state WIC office must be submitted to the State office (at least two weeks prior to implementation), for review and an opportunity to comment. Electronic submission is preferred. Current lesson plans (state and local) are entered into an electronic database that is available to Utah WIC clinics. Most pamphlets and an assortment of videos are available in Spanish and English. Most materials from the State office are produced at a low literacy level and are therefore appropriate for participants with limited reading skills.

Nutrition education materials older than five years are not approved for use in WIC. Agencies have the option of replacing outdated materials with newer materials or revising the materials to reflect current research-based recommendations. Local agencies can request assistance from the State office in revising outdated materials.

Procedure

I. Order forms may be obtained through the State office for clinic forms, pamphlets, and books.

II. Nutrition education materials may also be obtained through the WIC Works resource system, FNIC and USDA.

III. Materials not provided through the State office must be evaluated and approved by the local Nutrition Preceptor and reviewed by the State office, prior to clinic use. Copies of these materials must be provided with the Nutrition Education Plan (if not yet available, must be provided 2 weeks prior to teaching).

IV. Nutrition education materials developed or revised locally should include the date (month/year) and author (agency/clinic).

Policy: Evaluating Nutrition Education Materials

All materials developed locally and used for participant education must be evaluated according to criteria outlined in "A Guide for Evaluating and Writing Nutrition Education Materials" handbook. These books are available through the State office. In addition, all nutrition education materials obtained from other community health agencies (i.e. American Heart Association, American Cancer Society, American

Diabetes Association, etc.) must be evaluated using the same criteria, by the local agency preceptor. (Exception: Nutrition education materials distributed by the State office do not need to be evaluated by local clinics.)

Procedure

I. Evaluation results should be recorded on the Written Nutrition Education Materials Review Form.

II. Completed forms and copies of the evaluated materials should be kept on file at the local WIC clinics. These will be evaluated during Management evaluation visits.

I.12. Nutrition Education Classes

Policy: Nutrition Education Classes

Follow the procedures below for developing and using nutrition classes.

Procedure

I. State nutrition classes are available in facilitated discussion, bulletin board, self-paced and web-based formats for use and guidance.

II. The local Nutrition Preceptor must approve all nutrition classes that are not from the State and submit to the State for review. WIC and extension agency materials available from USDA, FNS, and WIC-Works may be used after approval by the local Nutrition Preceptor. The Nutrition Preceptor must initial the lesson plan, indicate the date of approval and maintain a current file in the clinic.

III. Nutrition education classes must be in lesson plan format and cite current references. Examples of approved formats include:

a. Facilitated Discussion
b. Emotion-Based
c. Traditional
d. Bulletin Board
e. Self-Paced Modules
f. Web-Based

IV. When developing nutrition education classes, the Nutrition Preceptor should:

a. Assess the needs of the clinic population and pick topics that address these needs.

b. Coordinate the nutrition education schedule and computer coding with the Administrator/Nutrition Education Plan.

V. Newly written classes must include the following elements if written in facilitated discussion or traditional lesson plan format.

a. Topic (refer to State class topic list) and title

b. Goal(s) and measurable objectives

c. List of needed materials

f. Content (discussion questions and factual messages for FD)

g. Learning activities

h. References

i. Evaluation

VI. Nutrition education classes must be approved by the local Nutrition Preceptor and submitted to the State for review at least 2 weeks prior to implementation.
   i. Electronic submission is preferred (e-mail or CD). Modifications by the State may be requested prior to implementing the class.
   ii. Approved class outlines will be coded and added to the State's Class list. Additionally, a copy of the class will be filed electronically and made available for statewide use.

I.13. Evaluating Nutrition Education Classes

Policy: Evaluating Nutrition Education Classes

Each class that is new to the WIC clinic must be formally evaluated one of the first times it is taught. This policy applies to classes available through the State office as well. Its purpose is to determine if the class is relevant and understandable by the WIC population in that clinic area. If the class is not appropriate for the WIC participants, the nutrition class preceptor should select another class and note this in the class file.

Procedure

I. The evaluation must include:

a. Evaluation of the class by a WIC health professional (instructor).

b. Evaluation of the class by a participant.

c. Class evaluations must be kept in the class file and will be reviewed at the management evaluation visit. State forms are available for use.

Policy: Evaluating Nutrition Education Teachers

I. The supervising RD must evaluate all CPAs and CAs once a year.

II. Evaluations must be documented on the “Teacher’s Evaluation” form and kept in the employee’s file.

I.14. Referrals

Policy: Referrals

Referrals represent an integral component of the WIC Program. According to Federal Regulations, the following types of referrals must be provided:

I. Local agencies shall maintain and make available for distribution to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children applying for and participating in the Program a list of local resources for drug and other harmful substance abuse counseling and treatment.

II. State and local agencies shall provide WIC Program applicants and participants or their designated proxies with information on other health-related and public assistance programs, and when appropriate, shall refer applicants and participants to such programs.

III. The local agency shall, in turn, provide to adult individuals applying for or reapplying for the WIC Program for themselves or on behalf of others, written information about the Medicaid Program.

IV. At least during the initial certification visit, each participant, parent, or caretaker shall receive an explanation of how the local food delivery system operates and shall be advised of the types of health services available, where they are located, how they may be obtained and why they may be useful.